



Medical Exemption for Accountability Guidance: 2015-16 Assessments

Please read carefully as guidance has been updated for the 2015-16 school year.

Introduction

This Medical Exemption for Accountability Guidance is intended for rare and unique situations in which a significant medical emergency prohibits a student's participation in academic activities, including any statewide assessments. It is important to note that *submitting a request for a Medical Exemption for Accountability does not guarantee that the request will be approved.*

This document explains allowable medical exemptions and provides a form for a school corporation or nonpublic/charter/Choice school to request an exemption of the student's participation in the state assessment for accountability. Directions and forms to obtain a recommendation from a student's treating medical provider are included.

Significant Medical Emergency

A significant medical emergency is a situation that prevents a student from participating in academic activities, including statewide assessments. Examples of a significant medical emergency may include: long-term hospitalization without access to academics, severe trauma, mental health crisis with a finding that the student is dangerous to self and others, or placement in hospice care. A significant medical emergency renders the student incapable of participating in ANY academic activities, including statewide assessments, during a particular testing window.

The significant medical emergency must be identified and verified in writing by the student's physician using the included form.

Students with acute, short-term minor illnesses, injuries, or conditions are NOT eligible for a Medical Exemption for Accountability. Examples include: concussions, broken bones, and test anxiety. Schools can provide necessary accommodations to students with temporary conditions through an emergency/temporary plan under 511 IAC 5-2-4(b) found in the [2015-2016 Indiana Assessment Program Manual](#) - Chapter 10/Section 7/Part C. Under no circumstances may a student who would be considered too ill to attend school or regular class be required to attempt the test. These students will be included in the Students Not Tested (DOE-NT) submission in the fall. Students for whom emergency/temporary accommodations cannot be made and cannot participate in an assessment during a particular testing window, but do not qualify for a Medical Exemption for Accountability, will be included in the Students Not Tested (DOE-NT) submission in the fall.

If the student is able to receive instruction during the testing window, including off-site instruction (e.g., at home or in the hospital/facility), the student is generally able to participate in an assessment.

Medically Fragile with a Significant Medical Emergency

Medically fragile students are expected to participate in statewide assessments unless a significant and documented medical emergency exists, in addition to the medical fragility, during the testing window.

Procedures for Requesting a Medical Exemption for Accountability

- Complete the *Student Information Form*, including the signature of the school corporation superintendent or nonpublic/charter/Choice school principal.
- Notify the parents that a request has been made for a Medical Exemption for Accountability.
- Ensure that the significant medical emergency is documented by a student's licensed medical provider using the *Recommendation for a Medical Exemption for Accountability Form*.
- The document must be submitted to the Office of Student Assessment via fax at 317-233-2196.

IDOE Process

- The Director of Student Assessment will ensure review of each request.
- The results of the review will be communicated to schools/corporations approximately two weeks after receipt of the Medical Exemption for Accountability request.

If you have questions, please contact Karen Stein, Special Programs Assessment Specialist, via email at INassessments@doe.in.gov or by calling 317-232-9050.



Indiana Department of Education

Glenda Ritz, NBCT
Indiana Superintendent of Public Instruction

Student Information Form: 2015-16 Assessments

The purpose of this document is to request an exemption of the student's participation in the state assessment for school accountability. A significant medical emergency is a situation that prevents a student from participating in academic activities, including statewide assessment.

Students with acute, short term minor illnesses, injuries, or conditions are NOT eligible for a Medical Exemption for Accountability. Examples include: concussions, broken bones, and test anxiety. Schools may provide necessary accommodations to students with temporary conditions through an emergency/temporary plan under 511 IAC 5-2-4(b) found in the [2015-2016 Indiana Assessment Program Manual - Chapter 10/Section 7/Part C](#). Under no circumstances may a student who would be considered too ill to attend school or regular class be required to attempt the test. These students will be included in the Students Not Tested (DOE-NT) submission in the fall. Students for whom emergency/temporary accommodations cannot be made and cannot participate in an assessment during a particular testing window, but do not qualify for a Medical Exemption for Accountability, will be included in the Students Not Tested (DOE-NT) submission in the fall.

It is important to note that submitting the Medical Exemption for Accountability Request does not guarantee that the request will be approved.

If the student is able to receive instruction during the testing window, including off-site instruction (e.g., at home or in the hospital/facility), the student is generally able to participate in the assessment.

1) **Assessment(s):** _____ **Date of Request:** _____

Corporation Name and Number: _____

School Name and Number: _____

Principal Name: _____ **Principal Email:** _____

CTC Name: _____ **CTC Email:** _____

Student Name: _____

DOB: _____ **STN:** _____ **Grade:** _____

- 2) This is a rare and unique situation in which the student is unable to participate in any part of the assessment for medical reasons, such as long-term hospitalization without access to academics, severe trauma, mental health crisis with a finding that the student is a danger to self and others, or placement in hospice care. ____ Yes ____ No

3) The student, due to a medical emergency, is unable to receive instruction during the testing window. ☐ Yes ☐ No

4) The student's parents were notified that a Medical Exemption for Accountability was requested. ☐ Yes ☐ No

5) Please briefly describe the student's significant medical emergency.

6) Superintendent or Nonpublic/Charter/Choice School Principal to Complete this Section:

Signature: _____ Date: _____

Print Name: _____ Email: _____

IMPORTANT: Be sure to include documentation supporting the request, along with this form, *on or before the date indicated based on the testing window* to the Office of Student Assessment via fax at 317-233-2196.

If you have questions, please contact the Office of Student Assessment by calling 317-232-9050 or via email at INassessments@doe.in.gov.

FOR IDOE USE ONLY

☐ Approved ☐ Not Approved Date: _____ Initials: _____



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Recommendation for a Medical Exemption for Accountability Form: 2015-16 Assessments (to be completed by Medical Provider)

The student's condition renders the student incapable of participating in ANY academic activities, including statewide assessments, for the testing window. Students with acute, short-term minor illnesses, injuries, or conditions are NOT eligible for a Medical Exemption for Accountability. Examples include: concussions, broken bones, and test anxiety. Schools may provide necessary accommodations to students with temporary conditions through an emergency/temporary plan under 511 IAC 5-2-4(b) found in the [2015-2016 Indiana Assessment Program Manual - Chapter 10/Section 7/Part C](#).

If the student is able to receive instruction during the testing window, including off-site instruction (e.g., at home or in the hospital/facility), the student is generally able to participate in an assessment.

Under no circumstances may a student who would be considered too ill to attend school or regular class be required to attempt the test. Students for whom emergency/temporary accommodations cannot be made and cannot participate in an assessment during a particular testing window, but do not qualify for a Medical Exemption for Accountability, will be included in the Students Not Tested (DOE-NT) submission in the fall.

The following information should be completed by the school before submitting this form to the medical provider.

- 1) Student Name: _____
- 2) Assessment Name and Dates of Assessment Window: _____

The following information should be completed by the student's licensed medical provider.

- 1) This is a rare and unique situation in which the student is unable to participate in any part of the assessment for medical reasons, such as long-term hospitalization without access to academics, severe trauma, mental health crisis with a finding that the student is a danger to self and others, or placement in hospice care. ☐ Yes ☐ No
- 2) The student, due to a medical emergency, is unable to receive instruction during the testing period.
 ☐ Yes ☐ No
- 3) Printed Name of Medical Provider: _____

Signature of Medical Provider: _____ Date: _____